

APR 25 2005

BEST AVAILABLE COPY

Atty. Docket No. KAY01 P-339

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper, together with all enclosures identified herein, is being sent via facsimile to the Commissioner for Patents, at 703/872-9308, on the date indicated below. A total of 5 page(s) should be received.

04-25-05

Date

Sharla A. Waller

Sharla A. Waller

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3679
Examiner : James M. Hewitt
Applicant : Darcy Raymond Falconer
Appin. No. : 10/650,627
Filing Date : August 28, 2003
Confirmation No. : 7511
For : FLUID ROTARY UNION

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

TRANSMITTAL LETTER

Transmitted herewith are the following documents for the above-identified application:

1. Reply under 37 C.F.R. §1.111; and
2. Petition and Fee for Extension of Time.

Respectfully submitted,

04-25-05

Date

Michael R. Long
Michael R. Long, Reg. No. 42,808
PRICE, HENEVELD, COOPER, DEWITT & LITTON, LLP
695 Kenmoor SE
P.O. Box 2567
Grand Rapids, Michigan 49501-2567
616/949-9810

MRL/saw

APR 25 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

PETITION AND FEE FOR EXTENSION
OF TIME (35 U.S.C. §41(a)(8))

1) This is a petition for an extension of time to respond to the Office Action mailed March 22, 2005, for a period of one month.

2) Applicant is:

☐ a small entity

☐ Verified Statement attached
☐ Verified Statement filed

☒ other than small entity

3)	Extension (months)	Fee for other than small entity	Fee for small entity
<input checked="" type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$ 225.00
<input type="checkbox"/>	three months	\$ 1020.00	\$ 510.00
<input type="checkbox"/>	four months	\$ 1590.00	\$ 795.00
<input type="checkbox"/>	five months	\$ 2160.00	\$1080.00

Applicant : Darcy Raymond Falconer
Appln. No. : 10/650,627
Page : 2

4) An amendment:

___ is filed herewith ___ has been filed

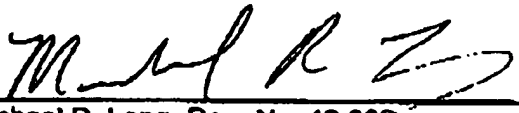
5) Fee Payment:

___ Attached is a check in the amount of \$___.

x Please charge any additional fees required or credit any excess fee paid to
Deposit Account No. 16-2463. A duplicate of this petition is attached.

Respectfully submitted,

04-25-05
Date


Michael R. Long, Reg. No. 42 808
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